Fire Protection Permit Application City of Fairview

1300 NE Village St., Fairview, OR 97024 Permits Desk 503-674-6206

subject to the penalties authorized by law.

Date Received:	Permit No.:
Date Issued:	Expire Date:
Issued By:	Receipt No.:

Inspection requests may be made by: Phone: 503 674-6244 Email: inspection@ci.fairview.or.us

	RMATION AND LOC	CATION	TYPE OF WORK	
Job Site Address:			☐ Automatic Fire Sprinkler	
City/State/Zip:			☐ Fire Alarm	
Suite #: Bldg./Apt.#:		☐ Hood & Duct Fire Suppression System		
Project Name:		☐ Paint Booth Fire Suppression System		
Subdivision: Lot #:			□Other – Please Describe:	
DESCRIPTION OF WORK				
		CATEGORY OF CONSTRUCTION		
		☐ 1 & 2 Family Dwelling/Accessory		
			☐ Multi-Family (Apts. and Condos)	
			☐ Commercial/Industrial	
☐ PROPERTY OWNER ☐ TENANT			☐ Other:	
Name:			REQUIRED DATA: DWELLING	
Address:			Square Feet:	
City/State/Zip:			REQUIRED DATA: COMMERCIAL	
Phone:	Email:		Note: Permit fees are based on the total value of the	
☐ APPLICANT	☐ CONTA	CT PERSON		
Name:			work performed. Indicate the value (rounded to the	
Address:			nearest dollar) of all equipment, materials, labor,	
City/State/Zip:	T		overhead and profit for the work indicated on this	
Phone:	Email:		application.	
	ONTRACTOR		Valuation: \$	
Business Name:			PERMIT FEES (OFFICE USE (ONLY)
Address:			Permit Fee	\$
City/State/Zip:				
	Email		65% Plan Review Fee	\$
Phone:	Email:			\$
Phone: *CCB Lic. #:			State Surcharge (12% of Permit Fee)	\$
Phone:				
Phone: *CCB Lic. #:			State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #:		Date:	State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re		Date:	State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re			State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re Print Name: DEPARTMENT A	equired):		State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re Print Name: DEPARTMENT A Building Dept.:	equired):		State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re Print Name: DEPARTMENT A Building Dept.: Fire Marshal:	equired): PPROVAL – INITIAL	. & DATE	State Surcharge (12% of Permit Fee)	\$
Phone: *CCB Lic. #: Authorized Signature (re Print Name: DEPARTMENT A Building Dept.: Fire Marshal: This permit application exp	equired): PPROVAL — INITIAL pires if a permit is not	- & DATE obtained within	State Surcharge (12% of Permit Fee)	\$
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